

Virginia Department of Social Services
Medicaid Fact Sheet #34
FAMILY PLANNING SERVICES (FPS)

The following information is given as a guideline only. In order for Medicaid eligibility to be determined, an application must be filed with the local department of social services for the area in which you live.

Medicaid coverage for family planning services (FPS) may be available to women who received a pregnancy-related medical service on or after October 1, 2002, that was paid for by Medicaid. Coverage for FPS is available for up to 24 months after the pregnancy ends and is limited to the following:

- annual gynecological exams,
- family planning education and counseling,
- over-the-counter birth control supplies and prescription birth control supplies approved by the Federal Food and Drug Administration,
- sterilizations (excluding hysterectomies), and
- testing for sexually transmitted diseases during the first office visit.

Treatment for diseases or medical conditions not related to family planning, transportation, and other services not listed above are not covered under FPS. Medicaid payment for these services is not available, and the cost for the services will be your responsibility. To obtain a list of primary care physicians who provide treatment for medical conditions not covered under FPS at a reduced rate or on a sliding-fee scale, please call the Virginia Department of Social Services Information and Referral line at 1-800-230-6977.

If you applied for Medicaid as a pregnant woman and received a pregnancy-related medical service on or after October 1, 2003 but prior to the end of your pregnancy, you will automatically be enrolled in FPS for a period of 10 months if you are not eligible for full Medicaid coverage in any other covered group. You will not be required to complete a Medicaid application, and changes in income during this period do not affect your eligibility. A redetermination of eligibility must be completed 12 months after the date your pregnancy ended. If you remain eligible, you will receive additional months of coverage not to exceed 24 months from the date your pregnancy ended.

If you (1) received a Medicaid-covered pregnancy-related medical service before your pregnancy ended but between October 1, 2002 and September 30, 2003 or (2) applied for Medicaid not as a pregnant woman and received a pregnancy-related medical service before your pregnancy ended on or after October 1, 2003, you may also be eligible for FPS. You will need to reapply for Medicaid at your local department of social services. Mail-in applications are accepted; it is not necessary to have a face-to-face interview.

To be eligible for FPS coverage you must:

- have received a pregnancy-related medical service on or after October 1, 2002, that was paid for by Medicaid. The pregnancy-related medical service must have been provided by the end of the pregnancy. Verification of pregnancy may be required.
- not be eligible for Medicaid under any other covered group,
- be a resident of Virginia,
- be a citizen or an alien eligible for Medicaid coverage. FPS coverage is not available to women who are only eligible for Medicaid payment for delivery or other emergency services.
- assign all rights to medical support, and
- have verified countable income at or below 133% of the federal poverty level for your family unit size. Resources are not considered.

INCOME LIMITS: FAMILY PLANNING SERVICES		
Medicaid Family Unit	Monthly Income	Yearly Income
1	\$1,061	\$12,729
2	\$1,422	\$17,064
3	\$1,784	\$21,400
4	\$2,145	\$25,736
5	\$2,506	\$30,072
6	\$2,868	\$34,408
7	\$3,229	\$38,743
8	\$3,590	\$43,079
Each Add'l. Person Add	\$ 362	\$ 4,336

If you have questions or need assistance with completing your Medicaid application, contact an eligibility worker at your local department of social services.

MEDICAID FACT SHEET #34 FAMILY PLANNING SERVICES

FORM NUMBER - 032-03-644/4 (03/05)

PURPOSE OF FORM - The local agency workers may distribute this form to provide customers with basic policy information regarding coverage for women in the Family Planning Services covered group.

NUMBER OF COPIES - One

DISPOSITION OF FORM - One per inquirer.

INSTRUCTIONS FOR PREPARATION OF FORM - The form does not require the addition of any information by the eligibility worker.